

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			INC	DEP	INC	DEP	INC	DEP
	INC	DEP	INC	DEP	INC	DEP		INC	DEP	INC	DEP	INC	DEP
1							51						
2							52						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL INC.							TOTAL INC.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						